

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DATE RECEIVED
MAY 01 2015
Bayfield Co. Zoning Dept.

Permit #: 15-0848
Date: 7-16-15
Amount Paid: \$880
Refund: 7-16-15

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: <u>Michael Leece</u>	Mailing Address: <u>15785 mcdally cackl wis 54821</u>	Telephone: <u>715-681-0017</u>
Address of Property: <u>7th to 10121</u>	City/State/Zip: <u>cabl wis 54821</u>	Cell Phone: <u>715-681-0017</u>
Contractor: <u>Self</u>	Contractor Phone: <u>same</u>	Plumber Phone: _____
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: _____	Agent Mailing Address (include City/State/Zip): _____
PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (23 digits) 04- _____
_____ 1/4, _____ 1/4	Gov't lot _____ Lot(s) _____ CSM _____ Vol & Page _____	Lot(s) No. _____ Block(s) No. _____
Section <u>18</u> , Township <u>43</u> N, Range <u>7</u> W	Town of: <u>Cabl</u>	Subdivision: <u>Assessors Plot #2</u>

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: _____ feet		

Value at Time of Completion * include donated time & material <u>\$ 30,000</u>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: _____	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: _____	<input type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (exists)	Specify Type: _____	
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (pit) or Vented (min 200 gallon)		
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)		
<input type="checkbox"/> _____	<input checked="" type="checkbox"/> Slab			<input checked="" type="checkbox"/> Compost Toilet		

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: <u>60</u>	Width: <u>30</u>	Height: <u>1800</u>

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Principal Structure (first structure on property)			(<u>30</u> x <u>60</u>)	<u>1800</u>
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)			(_____ x _____)	
<input type="checkbox"/> with Loft			(_____ x _____)	
<input type="checkbox"/> with a Porch			(_____ x _____)	
<input type="checkbox"/> with (2 nd) Deck			(_____ x _____)	
<input type="checkbox"/> with (2 nd) Deck with Attached Garage			(_____ x _____)	
<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)			(_____ x _____)	
<input type="checkbox"/> Mobile Home (manufactured date) _____			(_____ x _____)	
<input type="checkbox"/> Addition/Alteration (specify) _____			(_____ x _____)	
<input type="checkbox"/> Accessory Building (specify) _____			(_____ x _____)	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____			(_____ x _____)	
<input type="checkbox"/> Special Use: (explain) _____			(_____ x _____)	
<input type="checkbox"/> Conditional Use: (explain) _____			(_____ x _____)	
<input type="checkbox"/> Other: (explain) _____			(_____ x _____)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
I (we) acknowledge that I (we) am (are) responsible for the details and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Michael Leece Date May 11/15
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit _____
Attach _____
Copy of Tax Statement _____
If you recently purchased the property send your Recorded Deed _____

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

the box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

SEE ATTACHED MAP

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	157 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	10 Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	200 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	100 + Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	10 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	120 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	N/A Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

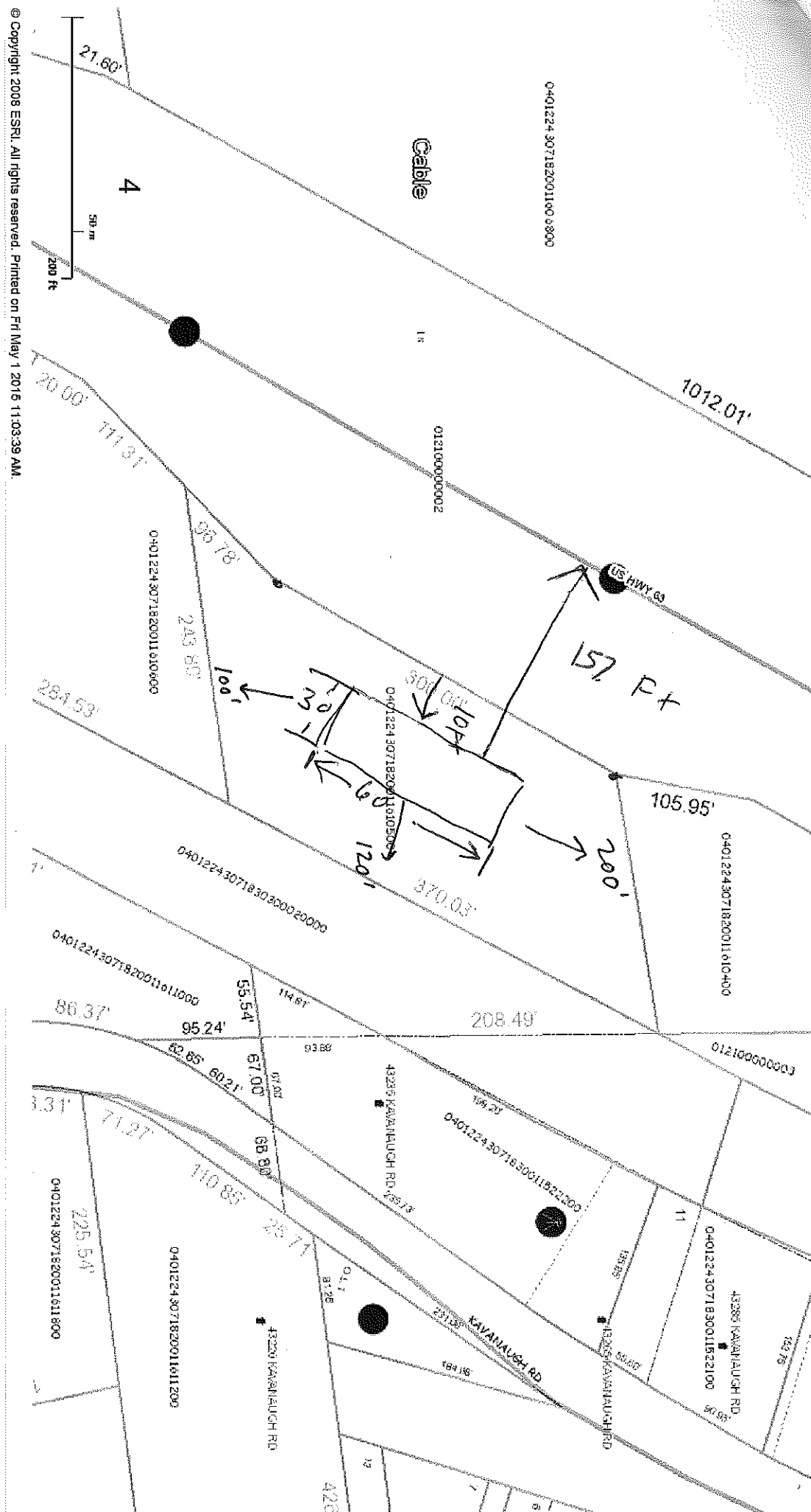
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: <u>—</u>	# of bedrooms: <u>—</u>	Sanitary Date: <u>—</u>		
Permit Denied (Date):		Reason for Denial: <u>—</u>				
Permit #: <u>15-0048</u>		Permit Date: <u>7-16-15</u>				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No				
Granted by Variance (B.O.A.)		Case #: <u>15-096</u>	Previously Granted by Variance (B.O.A.)		Case #: <u>—</u>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Inspection Record:						
No TBA as Town of Cable would not schedule a special meeting to address request.						
Date of Inspection: <u>5-1-15</u>	Inspected by: <u>Robert Selman</u>	Zoning District () Lakes Classification ()				
Condition(s): Town, Committee or Board Conditions Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)		Date of Re-Inspection:				
Not to be used for Human Abolition						
Per Recorded Decision of Board of Adjustment						
Signature of Inspector: <u>RLA</u>		Date of Approval: <u>7/14/15</u>				
Hold For Sanitary: <input type="checkbox"/> <u>—</u>	Hold For TBA: <input type="checkbox"/> <u>—</u>	Hold For Affidavit: <input checked="" type="checkbox"/> <u>Recorded</u>	Hold For Fees: <input type="checkbox"/> <u>—</u>	<input type="checkbox"/> <u>—</u>		

Weymouth County, WI



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DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

ENTERED
JUL 16 2015
Bayfield Co. Zoning Dept.

DATE RECEIVED
JUL 16 2015

Permit #:	15-00851
Date:	7-17-15
Amount Paid:	\$975
Refund:	7-17-15

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		Mailing Address:		City/State/Zip:		Telephone:	
Owner's Name: Evelyn Ryan		City/State/Zip: Cable, WI 54821		Contractor Phone: 62156		Plumber Phone: 715 7906785	
Address of Property: 14797 N Riverside Rd		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Plumber Phone:	
PROJECT LOCATION: Legal Description: (Use Tax Statement) 1/4, 1/4 Gov't Lot 6 Lot(s) CSM 1132 Vol & Page 7/135 Lot(s) No. Block(s) No. Subdivision: Recorded Document: (i.e. Property Ownership) Volume 1140 Page(s) 749		PIN: (23 digits) 04-010-243-07-17-904-000-07000		Lot Size		Acres 3.58	
<input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Non-Shoreland		Distance Structure is from Shoreline: <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> If yes--continue <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage <input type="checkbox"/> If yes--continue <input checked="" type="checkbox"/>		Distance Structure is from Shoreline: <input type="checkbox"/> Distance Structure is from Shoreline: <input type="checkbox"/> feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Non-Shoreland		Distance Structure is from Shoreline: <input type="checkbox"/> Distance Structure is from Shoreline: <input type="checkbox"/> feet		Distance Structure is from Shoreline: <input type="checkbox"/> Distance Structure is from Shoreline: <input type="checkbox"/> feet		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Value at Time of Completion * include donated time & material \$ 121,000	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) <input checked="" type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/ service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: <input type="checkbox"/> Sanitary (Exists) <input checked="" type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/ service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: <input type="checkbox"/> Sanitary (Exists) <input checked="" type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/ service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: <input type="checkbox"/> Sanitary (Exists) <input checked="" type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/ service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: <input type="checkbox"/> Sanitary (Exists) <input checked="" type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/ service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: <input type="checkbox"/> Sanitary (Exists) <input checked="" type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/ service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it)	Length: 24	Width: 24	Height: 16
Proposed Construction:	Length: 24	Width: 24	Height: 16

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	()	()
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	()	()
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> with Loft	()	()
<input type="checkbox"/> Rec'd for Issuance	<input type="checkbox"/> with a Porch	()	()
<input type="checkbox"/> JUL 17 2015	<input type="checkbox"/> with (2nd) Porch	()	()
<input type="checkbox"/> Secretarial Staff	<input type="checkbox"/> with a Deck	()	()
<input type="checkbox"/>	<input type="checkbox"/> with (2nd) Deck	()	()
<input type="checkbox"/>	<input type="checkbox"/> with Attached Garage	()	()
<input type="checkbox"/>	<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	()	()
<input type="checkbox"/>	<input type="checkbox"/> Mobile Home (manufactured date)	()	()
<input type="checkbox"/>	<input type="checkbox"/> Addition/Alteration (specify)	()	()
<input type="checkbox"/>	<input type="checkbox"/> Accessory Building (specify)	()	()
<input type="checkbox"/>	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	()	()
<input type="checkbox"/>	<input type="checkbox"/> Special Use: (explain)	()	()
<input type="checkbox"/>	<input type="checkbox"/> Conditional Use: (explain)	()	()
<input type="checkbox"/>	<input type="checkbox"/> Other: (explain)	()	()

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): See Attached Date _____
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: _____ Date _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit _____
Copy of Tax Statement Attach
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of:

Proposed Construction
- (2) Show / Indicate:

North (N) on Plot Plan
- (3) Show Location of (*):

(*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show:

All Existing Structures on your Property
- (5) Show:

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*):

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*):

(*) Wetlands; or (*) Slopes over 20%

See Attached

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	375 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	360 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	200 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	70 Feet	20% Slope Area on property	Yes No
Setback from the East Lot Line	125 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	50 Feet	Setback to Well	20 Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 15-00851	Permit Date: 7-17-15			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		We're Property Lines Represented by Owner Was Property Surveyed
Inspection Record:				
Date of inspection: 7/16/15	Inspected by: [Signature]			
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if Not)				
May not be used for human habitation. No water under pressure in structure.				
Signature of Inspector: [Signature]		TOWNSHIP 7/16/15		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

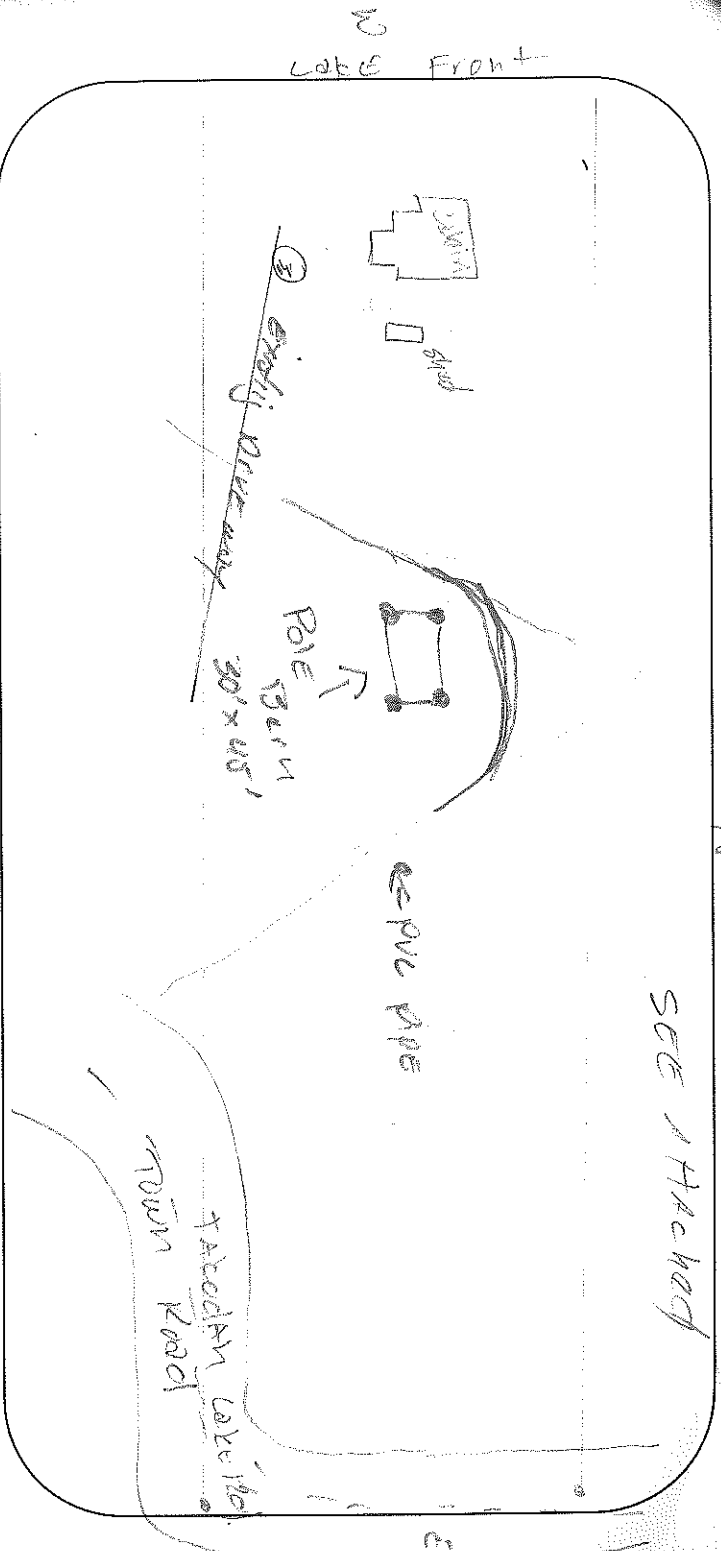


(1) Show Location of:

North (N) on Plot Plan
(*) Driveway and (*) Frontage Road (Name Frontage Road)

- (4) Show: All Existing Structures on your Property
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(5) Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
(7) Show any (*):

SEE 1 HACH



Changes in plans must be approved by the Planning & Zoning Dept.:

(8) **Setbacks:** (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	600 ft	Setback from the Lake (ordinary high-water mark)	295 Feet
Setback from the Established Right-of-Way		Setback from the River, Stream, Creek	NA Feet
		Setback from the Bank or Bluff	NA Feet
Setback from the North Lot Line	45 Feet		
Setback from the South Lot Line	295 Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	295 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	600 ft	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	150 ft	Setback to Well	150 ft Feet
Setback to Drain Field	150 ft		
Setback to Privy (Portable, Composting)			

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction to a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)				Sanitary Number:		# of bedrooms:		Sanitary Date:			
Permit Denied (Date):				Reason for Denial:							
Permit #:		Permit Date:									
15-00550		7-17-15									
<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No (Fused/Contiguous lots) <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No		Case #:		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No		Case #:					
Was Parcel Legally Created Was Proposed Building Site Delineated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No					
Inspection Record:											
Date of Inspection:		Inspected by:									
Condition(s) Town, Committee or Board Conditions Attached?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)									
Not for human habitation											
No data under pen											
Signature of Inspector		Date of Application									
[Signature]		7/17/15									
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>					